



## MARICOPA MEDICAL CENTER

DEPARTMENT OF SURGERY  
2601 E. ROOSEVELT STREET  
PHOENIX, AZ 85008

CONTACT: Kristi Luper, Clerkship Coordinator  
(602) 344-5608  
**FAX: (602) 344-1903**

### **REQUIREMENTS FOR FILING CLERKSHIP/ELECTIVE APPLICATION**

1. Curriculum Vitae.
2. USMLE/COMLEX/ECFMG Scores Part I/II (as appropriate).
3. A signed copy of the Clinical Clerkship/Elective Application.
4. Letter from the Dean of your medical school stating approval of this rotation and class rank.
5. Certificates of Liability Insurance from your medical school.
6. Immunizations/Annual TB skin test record (TB skin test must be current—within 12 months of requested rotation).
7. Certificate of Health Insurance.
8. Information Systems Confidentiality Form (Will be given to you on the first day of your rotation).
9. Include medical school evaluation and other forms if required by your school.
10. Copy of School ID, Passport or State ID Card.
11. Return the completed application and the above requested forms to Roberta Johnson at the address above.

STUDENTS FROM MEDICAL SCHOOLS NOT AFFILIATED WITH MARICOPA MEDICAL CENTER ARE NOT ALLOWED TO TAKE MORE THAN ONE ROTATION AT MARICOPA MEDICAL CENTER. ANY EXCEPTIONS TO THIS POLICY MUST BE APPROVED BY THE GRADUATE MEDICAL EDUCATION COMMITTEE. All Applicants must submit application with supporting documents 45-60 days prior to requested rotation.

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